

**STATEMENT OF PERSONAL HISTORY  
PRE-IMPLEMENTATION SCREENING PROCESS  
BONDED WEB USER PROGRAM  
Privacy Statement and Instructions to Applicant**

**TO: Bonded Web User Program  
Administrative Manager**

DATE

APPLICATION FOR:

☐ Bonded Web User Owner ☐ Employee

In order to provide a high level of quality service and to maintain the trust and confidence of the public we serve, the Department of Motor Vehicles has a pre-implementation screening process for individuals interested in participating in the Bonded Web User (BWU) Program. The screening may consist of inquiry to law enforcement agencies and personal interviews to determine suitability for participation in the Program. Section 432.7(d) of the Labor Code allows the Department of Motor Vehicles to require you to provide information regarding convictions and arrests for which you may be out on bail or on your own recognizance pending trial.

The information required on the attached form pertains to eligibility for participation in the Bonded Web User Program. Failure to provide the information is cause for refusal to be a participant.

This information is public record, regularly used by law enforcement agencies, and is open to inspection by the public. Information contained in these records, classified as confidential or personal pursuant to the Information Practices Act of 1977 and the Public Records Act, is exempt from disclosure. Individuals are entitled to inspect or request copies of information contained in their records during regular office hours by prior arrangement.

The Motor Carrier Program Policy and Development Branch, MS H825, 2415 1<sup>st</sup> Ave., Sacramento, CA 95818, is responsible for maintaining information required to participate in the BWU Program.

**Important – Read carefully:** This questionnaire must be completed in full and signed by every person (employer and employees) who will be involved in the Bonded Web User Program and have access to the Department of Motor Vehicles' records. Before you submit this questionnaire, be sure that you have signed it and that you have fully answered each question. **Incorrect information is grounds for refusal to participate in the Bonded Web User Program.**

**1. PERSONAL INFORMATION**

NAME (PLEASE PRINT) LAST

FIRST

MIDDLE

RESIDENCE ADDRESS (NUMBER AND STREET)

CITY

COUNTY

STATE

ZIP CODE

TELEPHONE NUMBER (RESIDENCE)

( )

TELEPHONE NUMBER (BUSINESS)

( )

## 2. PHYSICAL DESCRIPTION

BIRTHDATE	SEX	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
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Do you hold a valid California Driver License or California Identification Card? ..... ☐ Yes ☐ No  
If yes, provide license or identification number

Have you ever been known by or used any name other than the name appearing  
on this questionnaire? ..... ☐ Yes ☐ No  
If yes, what name? \_\_\_\_\_  
PRINT SIGN

## 3. EMPLOYMENT HISTORY (List your jobs for the last 3 years. Begin with your most recent job.)

FROM (MO/DAY/YR)	TO (MO/DATE/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/AGENCY NAME
ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MO/DAY/YR)	TO (MO/DATE/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/AGENCY NAME
ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MO/DAY/YR)	TO (MO/DATE/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
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FROM (MO/DAY/YR)	TO (MO/DATE/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/AGENCY NAME
ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

#### 4. PERSONAL HISTORY

I. (a) Have you ever applied in California to be a registration service?..... ☐ Yes ☐ No

If yes, provide occupational license number: \_\_\_\_\_

(b) Have you ever applied/received a Requester Code? ..... ☐ Yes ☐ No

If yes, provide Requester Code number: \_\_\_\_\_

(c) Have you ever had a business or occupational license issued by this Department or any application for such license refused, revoked, suspended, or subjected to other disciplinary action?..... ☐ Yes ☐ No

If yes, provide license number, type of license, action by the Department, and date of action. \_\_\_\_\_

(d) Were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by this Department, and the license was revoked, suspended or subject to other disciplinary action? ..... ☐ Yes ☐ No

If yes, provide license number, type of license, action by the Department, and date of action. \_\_\_\_\_

(e) Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities that was revoked or suspended for cause and was never reissued, or was suspended for cause and the terms of the suspension have not been fulfilled?..... ☐ Yes ☐ No

If yes, describe type of license, provide license number, and state where the license was issued. \_\_\_\_\_

II. Do you currently have any criminal charges pending against you in any State or Federal court?..... ☐ Yes ☐ No

III. Within the last three years have you ever:

(a) Been dismissed, fired, demoted, had your salary or compensation reduced for cause or had any other adverse action taken against you for any reason..... ☐ Yes ☐ No

(b) Resigned from or quit a position while you were under investigation or after being informed disciplinary action would be taken against you, or during an appeal from a disciplinary action? ..... ☐ Yes ☐ No

(c) Been rejected or told you would not receive permanent or continued employment for cause during any type of probationary or trial period on the job? ..... ☐ Yes ☐ No

If you answered yes on any of the above, provide details on a separate piece of paper and refer to the instructions for further details.

IV. If the termination, demotion or other adverse action from employment involved any civil or administrative case, please provide the name of the court and the case number. \_\_\_\_\_

V. Excluding traffic offenses, have you been **convicted, placed on probation, or released from incarceration following a conviction**, within the last ten years, for any crime or offense, **either felony or misdemeanor, in ANY Federal or State jurisdiction**?..... ☐ Yes ☐ No

(See notice on next page.)

**IMPORTANT NOTICE****IMPORTANT NOTICE****IMPORTANT NOTICE**

Describe "Yes" answer to any of the prior questions by listing each separate offense by date of conviction, offense, court of jurisdiction and disposition in appropriate columns.

**FOR EACH CONVICTION DISCLOSED, YOU MUST SUBMIT WITH THIS APPLICATION, A COPY OF THE ARRESTING AGENCY REPORT AND CERTIFIED COPY OF THE COURT DOCUMENTS.**

Even if you were pardoned, plead nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4, or any other federal or state law equivalent, you must disclose the conviction. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, **you must still disclose the conviction.** Failure to disclose all convictions, including those out-of-state or out of country may result in the disapproval of your participation in the program. Listing all conviction information may not necessarily preclude you from participating in the Bonded Web User Program.

**Applicant initials** \_\_\_\_\_

**FAILURE TO INITIAL CAN BE CAUSE FOR DENIAL OF PARTICIPATION IN THE BONDED WEB USER PROGRAM.**

CONVICTION DATE	CONVICTED OF	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison	Date Released

**Any falsification, withholding, or failure to answer all questions completely and accurately may be grounds for disqualification from the Bonded Web User Program.**

**CERTIFICATION BY APPLICANT**

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

EXECUTED AT (CITY, STATE)

ON (DATE)

APPLICANT (SIGNATURE)

**X**

**EMPLOYING BONDED WEB USER'S ACKNOWLEDGMENT**

**I hereby certify that I am the authorized representative of the employing Bonded Web User herein. It is my intention to employ the above named person when he/she receives authorization from the Department of Motor Vehicles.**

DATE

TITLE (I.E., CORPORATE OFFICER, OWNER, OPERATOR)

PRINTED NAME

SIGNATURE

**X**